	LICATION FEE DI Effective Decemb	per 29, 1999	TON RECO	RD	Application 1996	nor C	ocket Nu	imber
CLAIMS AS FILED - PART (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA				SMAIL	OTHER THAN OR SMALL ENTITY			
BASIC FEE	TOTAL STATE OF THE	HUMBER	EXIM	RATE	FEE]	RATE	FEE,
TOTAL CLÁIMS					345.00	OR		690.00
	12 minus	:0a		X\$ 9=		OR	X\$18=	
NDEPÉNDENT CLAIMS	w minus	3= ! !		X39=			X78=	1
MULTIPLE DEPENDENT	CLAIM PRESENT			+130=	+	CR		78
If the difference in column 1 is less than zero, enter "O" in column 2					<u> </u>	OR	+260=	!
نسرها	S AS AMENDED			TOTAL		OR	TOTAL	74
	umiri)	- PAH (); _(Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHER SMALL	THAN
	ABSING	HELEST			ADDI) 	SMALL	_
	TER DMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL		PATE	TIONAL
Total 2	(a Minus	- 17/7%	- 6		FEE	·	- 1	FEE
Independent	/ Minus	-		X\$ 9	<u>:</u>	OR	X\$18=/	108
FIRST PRESENTATIO	N OF MULTIPLE DEPI	NDENT CLAIM	- 62	X39=		OR	X	1990
				+130=	4	OR	+260=	
• • • • • • • • • • • • • • • • • • •	DEST AVAILA	BLE COP	Υ .	TOTAL			TOTAL	100
1)2-1-8-	<u>U</u> S .	(Column 2) ·	(Cohema (I)	ADDIT. FEE		OR ,	DOIT. FEE	
CU	UNING THE RESERVENCE	HOHEST			ADDI-	r		4001
AF.	TER OMENT	PREVIOUSLY	PRESENT EXTRA	RATE	TIONAL		RATE	ADDI- TIONAL
AFAMENT Total • 2 Independent • (Minus	PAID FOR	- 18		FEE	ŀ	50	FEE
Independent • (Minus	- CC		X\$ 9=	·	OR	XS10=	\mathcal{U}_{-}
FIRST PRESENTATION	N OF MULTIPLE DEPE	NDENT CLAIM		X39=	/	OR	Sec.	8
				+130=		OR	+280=	(X)
2.4/18/05				YOYAL		OR	TOTAL	<u>~~</u>
2 4/18/1°	ma 41	/Pak @	(O.b 5)	ADDIT, FEEL		UTI A	DDIT, FEE	φ
(CONU	US BRIGERY	HIGHEST	(Column 3)		ADD:	-		
REMA AFI	ER CONTRACTOR	NUMBER PREVIOUSLY	PRESENT EXTRA		ADDI- TIONAL		RATE	ADDI- TIONAL
TANK AMEND	THEM	PAID FOR			FEE	F	I I	FEE
Total 2 Independent •		26	=	X25	k	Я	XXX	50-
Independent •	, , , , , ,	6	2	E	,	DA T	28 2	400
THIST PRESENTATION	OF MULTIPLE DEPE	NDENT CLAIM		14000			300	
If the entry in column 1 is les	s than the entry in column	2. write "O" in colu	onn 3.			P		1/
If the T-lighest Number Prev	lously Pald For IN THIS 5	PACE is less than	20; enter "20."	ADOIT, FEE)R A	YOTAL COTT. FEE	450
"If the "Highest Number Prov	MANUAL CARD LOS OS CLASS						_	

COMMI 910-875

Palari and Tendemark Office, U.S. DEPARTMENT OF COMMERCE